

Your Important Information for an Appeal

1. Information about your plan:

- a. Type – (Individual, Group, or Other) _____
- b. Insurance Provider _____
- c. Policy Number (if applicable) _____
- d. Group Number (if applicable)- _____
- e. If it's a group policy, is it fully-insured, self-funded, or exempt? _____
- f. ID Number- _____
- g. Is it a new (non-grandfathered) or old (grandfathered) plan? _____
- h. Who regulates it? _____
- i. Is coverage still effective, or has it terminated? _____
- j. Is the health plan a HMO, PPO or traditional indemnity (fee-for-service plan)? _____
- k. Based on the information above, can one see out-of-network providers and if so, how much is the coinsurance, copay or deductible? _____
- l. Would one need a referral from a primary-care provider for a specialist and if so, are there restrictions to which specialists that one can see (e.g. in vs. out-of-network)? _____

2. Information about your denial:

- a. Is it a pre-service or a post-service claim? _____
- b. If it's pre-service, is it urgent? _____
- c. What is the date of the denial? _____
- d. How long do you have from this date to appeal? _____
- e. What is your claim number? _____
- f. Do you know the diagnostic code used? _____
- g. What is the treatment or service that needs to be covered? _____
- h. Do you have evidence to prove that it should be covered? (e.g. page # of EOC, doctor's recommendation notes, notes documenting prior health history) _____
- i. Research that shows how treatment is necessary or cost-effective in the long run? _____
- j. Contact information for the recipient of the appeal and the expected timeline for the various stages of the appeal (e.g. list dates when one should expect a response from company). _____
- k. Is your issue one listed in the list of exclusions and limitations (Evidence of Coverage) that the health plan will not cover? _____

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3. Information about your provider:

- a. What is the name of your medical provider? _____
- b. What is the address of where you received the medical service or treatment? _____
- c. What is your provider's phone number? _____

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